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Current Literature

Material appearing below is thought to be of particular interest to Linacre Quarterly readers because of its moral, religious, or philosophic content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Contributions and comments from readers are invited. (E. G. Laforet, M.D., 2000 Washington St., Newton Lower Falls, MA. 02162.)

Committee on Ethics of the American Heart Association: Ethical considerations of the left ventricular assist device. *JAMA* 235:823-824 23 Feb 1976.

The left ventricular assist device is presently at the experimental stage but clinical application is anticipated. The initial clinical trials will involve issues of informed consent, quality of life, and allocation of scarce medical resources. The societal impact of the LVAD should be assessed prior to its deployment.

(It is unfortunate that the committee which prepared this potentially important report chose to write it in impeccable bureaucratese, occasionally alloyed with sociologic jargon. What is the interested reader to make of lead statements like "Such conflict suggests the need to extend the interaction between the patient and his physicians further than a narrow specification of outcomes of imperative nature?")

Curran WJ: Ethical and legal problems in medical participation in criminal investigations. *New Eng J Med* 294:764-765 1 April 1976.

A recent court decision in California concerned the forcible passage of a nasogastric tube by an emergency ward physician in order to retrieve swallowed heroin capsules as evidence. The state Supreme Court set aside the conviction because the search and seizure of

the drug had been unconstitutional. In the light of this and similar cases, physicians should refuse to participate in criminal investigations which infringe upon the rights of the accused.

Fost NC: A surrogate system for informed consent. *JAMA* 233:800-803 18 Aug 1975.

In the experimental situation the subject is anxious and may exhibit undue awe, trust, and dependency toward the investigator. For these reasons the usual "informed consent" protocol may be of dubious value in protecting the interest of the human subject. Surrogates for the subject, on the other hand, tend to be more objective and candid. A surrogate system for informed consent, therefore, might prove useful in the clinical research setting.

Laforet EG: The fiction of informed consent. *JAMA* 235:1579-1585 12 April 1976.

The "doctrine" of informed consent is a legalistic fiction that is destructive of good patient-care and paralyzing to the conscientious physician. It imposes insuperable barriers on the experimental situation. It is not applicable to a large segment of the population (legal minors, infants, retardates). The term is meaningless as currently understood and should be discarded. The integrity of the individual phy-

sician is the most effective guarantee of the rights of the patient or subject. However, the medical profession must augment its concern for the moral values of its members if this is to remain valid.

Stent GS: The dilemma of science and morals. *Genetics* 78:41-51 Sept 1974.

A basic contradiction in Western ethics arises from its belief in both objectively valid truth and purely relative values of communal purpose. Modern scientific findings have aggravated this contradiction. Because Confucianism and Taoism do not hold the concept of objectively valid truth or Natural Law, Chinese philosophy has largely avoided this confusion. Recent Western attitudes toward science and morals suggest a movement in the direction of a Chinese relativism.

Sinclair H: Ethics of fluoridation. *Lancet* 1:142 17 Jan 1976.

Adding fluoride to a public water supply to prevent dental caries is unethical. The analogy to chlorination is inaccurate. "Chlorine is added to make the water safe to drink; the purpose of adding fluoride is to affect our bodies." As Locke has maintained, every man is born with the right of freedom of his person provided he does not offend or inconvenience others.

Beck WW Jr.: A critical look at the legal, ethical, and technical aspects of artificial insemination. *Fertil & Steril* 27:1-8 Jan 1976.

Artificial insemination donor (AID) poses legal, ethical, and technical problems. Ethically, AID might be wrong if it reduced the size of the genetic pool. However, this is unlikely. "We are discussing a cure for a disease—male infertility

—not a revolution in the reproductive process."

Dunn HP: Natural family planning. *New Zealand Med J* 82:407-408 24 Dec 1975.

Natural family planning techniques were employed in a personal series of 600 private patients. The total failure rate was 4.7 pregnancies per 100 woman-years.

Joint Task Group on Confidentiality of Computerized Medical Records (Chairman: E. R. Gabrieli): Ethical guidelines for data centers handling medical records. 462 Grider St., Buffalo, NY 14215.

The right of privacy is a basic tenet of medical ethics. Although the use of computer-recording of sensitive medical information has increased, the ethical principles regarding confidentiality are unchanged. Guidelines are presented to help maintain such confidentiality in the computer milieu.

Chodoff P: The case for involuntary hospitalization of the mentally ill.

There are three current attitudes toward the right of society to hospitalize the mentally ill on an involuntary basis. Some (the "abolitionists") are entirely opposed to involuntary hospitalization as an infringement of individual freedom. Both the medical model psychiatrists and the civil liberties lawyers support the need for such hospitalization in some situations, but with appropriate safeguards and by different standards. At the present time there appears to be an undue stress on the freedom of mentally ill patients as opposed to their right to treatment and protection. With proper legal safeguards the medical model of mental illness should be re-emphasized.

Text of Doctrinal Congregation Statement on Sterilization

Following is a translation of the statement, A Document about Sterilization in Catholic Hospitals, issued March 13, 1975, by the Vatican's Doctrinal Congregation in response to questions from the U. S. National Conference of Catholic Bishops.

This sacred congregation has diligently considered not only the problem of contraceptive sterilization for therapeutic purposes but also the opinions indicated by different people toward a solution, and the conflicts relative to requests for cooperation in such sterilizations in Catholic hospitals. The congregation has resolved to respond to these questions in this way:

1. Any sterilization which of itself, that is, of its own nature and condition, has the sole immediate effect of rendering the generative faculty incapable of procreation is to be considered direct sterilization, as the term is understood in the declarations of the pontifical magisterium, especially of Pius XII.¹ Therefore, notwithstanding any subjectively right intention of those whose actions are prompted by the care or prevention of physical or mental illness which is foreseen or feared as a result of pregnancy, such sterilization remains absolutely forbidden according to the doctrine of the Church. And indeed the sterili-

zation of the faculty itself is forbidden for an even graver reason than the sterilization of individual acts, since it induces a state of sterility in the person which is almost always irreversible.

Neither can any mandate of public authority, which would seek to impose direct sterilization as necessary for the common good, be invoked, for such sterilization damages the dignity and inviolability of the human person.² Likewise, neither can one invoke the principle of totality in this case, in virtue of which principle interference with organs is justified for the greater good of the person: sterility intended in itself is not oriented to the integral good of the person as rightly pursued "the proper order of goods being preserved"³ inasmuch as it damages the ethical good of the person, which is the highest good, since it deliberately deprives foreseen and freely chosen sexual activity of an essential element. Thus article 20 of the medical-ethics code promulgated by the conference in 1971 faithfully reflects the doctrine which is to be held, and its observance should be urged.

2. The congregation, while it confirms this traditional doctrine of the Church, is not unaware of the dissent against this teaching from many theologians. The con-